Emergency Management (DEM)

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale

DISCLOSURE OF FINANCIAL INTERESTS Honolulu, Hawaii 96813-3077 PUBLIC DISCLOSURE FORM Telephone: 768-3810 FOR CALENDAR YEAR 2015 OR TYPE CLEARLY) POSITION/ELECTIVE OFFICE Director Melvin N. Kaku DEPARTMENT/AGENCY Emergency Management NAME OF SPOUSE Floy S. Kaku Check the appropriate box and fill in any applicable dates: INITIAL STATEMENT: Date on which you assumed office or began employment in this position _. You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year. ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year. LEAVING OFFICE STATEMENT: You are leaving or have left your office on _____ file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year. CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.

VERIFICATION

I declare that I have used al	l reasonable diligence in	n preparing this form,	that I have re	eviewed Item	Nos. 1
through 9, and to the best of my know	vledge the information p	rovided in this form i	s true and co	rrect.	

Elvin N.

Date December 28 , 20 15 Signature ___

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

B. \$1,000 - \$9,999 F. \$100,00 C. \$10,000 - \$24,999 G. \$150,0	0 - \$99,999 I. \$300,000 - \$399,999 00 - \$149,999 J. \$400,000 - \$499,999 00 - \$199,999 K. \$500,000 - \$599,999 00 - \$299,999 L. \$600,000 - \$699,999	M. \$700,000 - \$799,999 N. \$800,000 - \$899,999 O. \$900,000 - \$999,999 P. At least \$1,000,000
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1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional sheets	attached
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Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
Melvin Kaku	City and County of Honolulu	Director	2006 to present	F
Melvin Kaku	Department of Defense	Civil Engineer	Retiree	E
Melvin Kaku	U.S. Army Reserve Retiree	Engineer	Retiree	С

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

2. CREDITORS. Do not report any debts of less than \$3,000. Do not report debts that arise out of retainstallment transactions for the purchase of consumer goods, whatever the amount. Do report a secured obligation such as a home mortgage or a car loan. Do report student loans.						
✓ None	Additional sheets attache	ed				
Person(s) Incurring Debt	Creditor	Original Loan	Amount	Amou	unt Outstanding	
incorporated, regulated final	OR INTERESTS IN rests having a value of egulated, or licensed to concial institutions, mutual or trust is disclosed un	\$5,000 or more or equarry on business in Haw I insurance policies, o der this item.	ial to 10% or m raii. Do not rend	ore of own	nership of businesses	
Owner(s)	Business Name and Address	Nature of Business	Percentage o	f Interest	Value of Interest	

4.	 OWNERSHIP OR INTERESTS TRANSFERRED. Only report transfers of ownerships or interests in businesses incorporated, regulated, or licensed to carry on business in Hawaii during this past year. 								
	✓ None		Iditional sheets a						•
	Owne	ership or In	erest	Date of Tra	ansfer				
				<u> </u>					
5.	also incl	ude being a	in any pusiness	s or organizati holder in a sm	on, wheth	ier or not	onerated fo	r profit Fi	directorships, or duciary positions o report fiduciary
	✓ None	Add	ditional sheets a	ttached					
Position Holder Name			e & Address of Business or Organization		Term of Office		Annual Compensation		
6.	CREDIT	OR INTERE	STS IN INSOL	VENT BUSINE	ESS worth	n \$5,000 i	or more.		
	✓ None	Addition	onal sheets attac	ched					
	Holder		Name & A Busir		Nat	ure of Bu	siness		Value

wnich y involvin	ou have received	compensation duri	na the precedina ca	alendar vear	nly report representation fo Do not report representation ry authority and do not need
✓ None	Addition	al sheets attached			
Represen	tative	Client	City A	gency	Nature of Representation
8. REAL F reasona street a children "persona	PROPERTY OWN ble manner, such ddress for your ; if you choose r al residence."	IED. Only report re as assessed value personal residence not to report the ta	al property owned. You are not reque or the personal x map key numbe	Report the rired to report to residence of and street a	value of the property in any he tax map key number and your spouse or dependent address, identify instead as
None	Addition	al sheets attached			
Owner(s)	Tax Mar	Key Number & Str	eet Address	Value	Year Obtained
Melvin and Floy Kaku	TMK: 9-8-06 98-1868 Hap			N	1976
9. REAL P Honolulu even if it number depende instead a	and street addre int children; if yo as "personal resid	NSFERRED. Only ding calendar year. value (as in the cases for your person u choose not to reence."	report real proper For this item, indi se of a gift). You a al residence or th eport the tax map	ty transferred cate the actua are not require e personal re key number a	in the City and County of al amount of the transaction, d to report the tax map key sidence of your spouse or and street address, identify
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Ke	y Number & Street Address

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM

	FOR CALENDAR YEAR 2015						
	TOR TYPE CLEARLY)						
NAME	Peter J.S. Hirai Position/ELECTIVE OFFICE Deputy Director						
DEPA	RTMENT/AGENCY Emergency Management						
NAME	OF SPOUSE none						
Check	the appropriate box and fill in any applicable dates:						
	INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.						
\checkmark	ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.						
	LEAVING OFFICE STATEMENT: You are leaving or have left your office on and must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.						
	CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.						
	VERIFICATION						
I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct.							
Date_	December 7 HIRAI.PETER.JACKSO BIQUILITY9680025 Conventional by HIRAI PETER.JACKSON SHULLITY9680025 CDI.; eVI.S. Government, sur-DOD out-PIO, out-USA oriented and confidence of the confidence o						

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

	None	Additional sheets attached	
	None	Additional sheets attached	

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	City	Deputy Director	All year	E
F	U.S. Army Reserves	Civil Affairs Staff Officer, Colonel	All year	D
	i.			

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

2.	CREDITORS. Do not report any debts of less than \$3,000. Do not report debts that arise out of retail installment transactions for the purchase of consumer goods, whatever the amount. Do report a secured obligation such as a home mortgage or a car loan. Do report student loans.					
	□ None □ A	dditional sheets attached	d			
	Person(s) Incurring Debt	Creditor	Original L	oan Amount	Amou	unt Outstanding
F		HawaiiUSA FCU	E		D	
F		USAA FSB	С		В	
3.	beneficial intere	OR INTERESTS IN ests having a value of	\$5,000 or more o	r equal to 10% of	or more of ow	nership of businesses
	regulated finance	gulated, or licensed to ca cial institutions, mutual or trust is disclosed un	I insurance policie	Hawaii. Do not i es, or individua	report accour I items in a	nts in federal or state mutual fund or blind
	✓ None	Additional sheets attache	ed			
	Owner(s)	Business Name and Address	Nature of Busin	ess Percentag	e of Interest	Value of Interest
						ja .
				ii .		
		4				

				 Only report fairly on business 			or interests in ast year.				
✓ None	Addition	onal sheets a	ittached								
Ownership or Interest			Date of Trar	nsfer		·),				
5. FIDUCIARY POSITIONS. Fiduciary positions include, but are not limited to, officerships, directorships, or positions as trustee in any business or organization, whether or not operated for profit. Fiduciary positions also include being a majority shareholder in a small or closely held corporation. Be sure to report fiduciary positions in non-profit corporations. None Additional sheets attached											
Position			Name & Address of Business or Organization		Term of Office		Annual Compensation				
Prof		Profess	Emergency Management Professionals of Hawaii PO Box 22880, Honolulu, 96823			to 2015	-0-				
master 1540		rans of Foreign Wars Post Box 235960, Honolulu, 96823		9/1/2015 to 12/31/2015		-0-					
				ESS worth \$5,00	0 or more.						
✓ None	eAdditiona	Name &		I			-				
Holder			Name & Address of Business Nature of B		Business	usiness Value					
				1							

7.	CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation for which you have received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need to be disclosed.											
_	✓ None Additional sheets attached											
-	Representa	ative	Client	City Agency		Nature of Representation						
_	8. REAL Preasonal street acchildren; "personal None	REAL PROPERTY OWNED. Only report real property owned. Report the value of the property in an reasonable manner, such as assessed value. You are not required to report the tax map key number are street address for your personal residence or the personal residence of your spouse or dependenchildren; if you choose not to report the tax map key number and street address, identify instead a personal residence." None Additional sheets attached										
	Owner(s)	Tax Map	Key Number & Stre	eet Address	Value	Year Obtained						
			198									
9. REAL PROPERTY TRANSFERRED. Only report real property transferred in the City and Honolulu during the preceding calendar year. For this item, indicate the actual amount of the treven if it is less than the value (as in the case of a gift). You are not required to report the tanumber and street address for your personal residence or the personal residence of your dependent children; if you choose not to report the tax map key number and street address instead as "personal residence." None Additional sheets attached												
	Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Number & Street Address							
			**									